Amendments To The Claims

The listing of claims will replace all prior versions, and listings, of the claims in the application.

Listing Of Claims:

Claims 1-31 (Cancelled)

Claim 32 (Currently Amended) ~~The method of claim 1, wherein~~ A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP)-patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering an insulin analogue ~~is administered~~ to said critically ill patient or CIPNP patient in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL.

Claim 33 (Previously Presented) The method of claim 32, wherein said insulin analogue is Asp^{B28} human insulin.

Claim 34 (Previously Presented) The method of claim 32, wherein said insulin analogue is Lys^{B28}, Pro^{B29} human insulin.

Claim 35 (Currently Amended) ~~The method of claim 1, wherein~~ A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP)-patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering an active derivative of an insulin analogue or a physiologically acceptable salt of said derivative ~~is administered~~ to said critically ill patient or CIPNP patient in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL.

Claim 36 (Previously Presented) The method of claim 35, wherein said active derivative of an insulin analogue is des-Thr^{B30} human insulin γ Lys^{B29} tetradecanoyl.

Claims 37-39 (Cancelled)

Claim 40 (Previously Presented) The method of claim 32, wherein said insulin analogue is administered intravenously.

Claim 41 (Previously Presented) The method of claim 33, wherein said Asp^{B28} human insulin is administered intravenously.

Claim 42 (Previously Presented) The method of claim 34, wherein said Lys^{B28}, Pro^{B29} human insulin is administered intravenously.

Claim 43 (Previously Presented) The method of claim 35, wherein said active derivative of an insulin analogue or a physiologically acceptable salt of said derivative is administered intravenously.

Claim 44 (Previously Presented) The method of claim 36, wherein said des-Thr^{B30} human insulin γ Lys^{B29} tetradecanoyl is administered intravenously.

Claims 45-61 (Cancelled)

Claim 62 (Previously Presented) The method of claim 40, wherein the patient is a human.

Claim 63 (Previously Presented) The method of claim 62, wherein the patient is non-diabetic.

Claim 64 (Previously Presented) The method of claim 41, wherein the patient is a human.

Claim 65 (Previously Presented) The method of claim 64, wherein the patient is non-diabetic.

Claim 66 (Previously Presented) The method of claim 42, wherein the patient is a human.

Claim 67 (Previously Presented) The method of claim 66, wherein the patient is non-diabetic.

Claim 68 (Previously Presented) The method of claim 43, wherein the patient is a human.

Claim 69 (Previously Presented) The method of claim 68, wherein the patient is non-diabetic.

Claim 70 (Previously Presented) The method of claim 44, wherein the patient is a human.

Claim 71 (Previously Presented) The method of claim 70, wherein the patient is non-diabetic.

Claims 72-85 (Cancelled)

Claim 86 (New) A method of treating a human non-diabetic critically ill patient or ahuman non-diabetic critically ill polyneuropathy (CIPNP)-patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering insulin, an insulin analogue, an active derivative of insulin or an insulin analogue, or a physiologically acceptable salt of said derivative to said critically ill patient or said CIPNP-patient in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL.